

THIS FORM IS TO BE FILED AT SCHOOL WITH ORIGINAL INJURY REPORT FORM

~ Please do not return this form to MIAA ~

**RETURN TO ATHLETIC PARTICIPATION**

TO BE COMPLETED BY A SCHOOL OFFICIAL

Record No. \_\_\_\_\_

1. STUDENT'S NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ TEL \_\_\_\_\_  
GRADE \_\_\_\_\_ AGE \_\_\_\_\_
2. Injury (illness) information \_\_\_\_\_  
Time and date of injury \_\_\_\_\_ Contest or practice \_\_\_\_\_  
Type of injury \_\_\_\_\_ Sport \_\_\_\_\_ Position played \_\_\_\_\_  
Coach \_\_\_\_\_ Tel \_\_\_\_\_

TO BE COMPLETED BY PHYSICIAN

3. Description of injury \_\_\_\_\_  
\_\_\_\_\_
4. Referred \_\_\_\_\_  
Recommendations/restrictions \_\_\_\_\_
  - a. No restrictions (discharged) as of \_\_\_\_\_  
DATE
  - I have examined \_\_\_\_\_  
STUDENT and certify that he/she is  
recovered from \_\_\_\_\_  
incurred on \_\_\_\_\_  
DATE
  - b. No practice or competition until \_\_\_\_\_  
DATE
  - c. Expected return to activity (after further evaluation) \_\_\_\_\_  
DATE
  - d. Please state restrictions which you require (e.g. no contact, light practice only, etc.) \_\_\_\_\_
  - e. Other \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COACH'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

